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## BIB DATA SHEET

CONFIRMATION NO. 3953

<b>SERIAL NUMBER</b> 10/791,223	<b>FILING or 371(c) DATE</b> 03/02/2004 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 3474.1001-011
<b>APPLICANTS</b> Mel H. Epstein, Bristol, RI; Kjesten A. Wiig, Providence, RI; Jeroen Verheijen, Cranston, RI;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/444,970 05/23/2003 ABN which is a CIP of 10/139,606 05/02/2002 ABN which is a CIP of 10/003,740 10/31/2001 PAT 6,828,351 which claims benefit of 60/245,323 11/01/2000				
<b>** FOREIGN APPLICATIONS *****</b> UNITED STATES OF AMERICA PCT/US01/45793 10/31/2001				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 05/24/2004				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and /BRIAN-YONG S KWON/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance bk Initials	<b>STATE OR COUNTRY</b> RI	<b>SHEETS DRAWINGS</b> 44	<b>TOTAL CLAIMS</b> 35
			<b>INDEPENDENT CLAIMS</b> 16	
<b>ADDRESS</b> HAMILTON, BROOK, SMITH & REYNOLDS, P.C. 530 VIRGINIA ROAD P.O. BOX 9133 CONCORD, MA 01742-9133 UNITED STATES				
<b>TITLE</b> Methods for treating mild cognitive impairment and alzheimer's disease				
<b>FILING FEE RECEIVED</b> 1167	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	